



Mail Originals of the applications to the mailing address listed at the top of the application. Each separate account must have its own original application submitted

Change of Information Applications constitutes a replacement of all prior applications, as such only the services ON THE MOST CURRENT APPLICATION will apply for each account.

Audit/banking regulations require that all Illinois Funds Money Market applications must be filled-out COMPLETELY & ACCURATELY.

APPLICATIONS MAY BE RETURNED FOR FAILURE TO FULLY AND ACCURATELY COMPLETE.

Application Guide:

Indicate “New Account” or “Change of Information” by checking the appropriate box. If you’re changing information, you MUST provide the IL Funds Account number in space provided. Please list the date as well.

1. Provide the name of your agency, current FEIN/TIN number, the subtitle of your account (if applicable); indicate if it’s a Bond Proceeds Account by checking appropriate box, (yes/no). List a primary contact, a completed street address of your agency. Provide phone/fax numbers, and email address.
2. Provide ALL local bank information for electronic withdrawal/transfer – including local bank name, ABA Routing number, local bank account number, and local bank contact person. If multiple paths are involved, you MUST provide ALL local bank information. Additional sheets may be used.

3. RAPID REVENUE/DIRECT DEPOSIT PROGRAM

New Accounts – For each ACCOUNT, mark your request for direct deposit of appropriate State of Illinois distributive funds. Check the state agency payments that apply or if applicable use the “Other” section if the agency is not listed. Leave this section blank if you do not wish to utilize Direct Deposit.

Change of Information Accounts – Rapid Revenue/Direct Deposit information must be marked properly & accurately for EACH INDIVIDUAL ACCOUNT. If a particular account receives state payments via Direct Deposit currently, you MUST indicate that by checking the appropriate box or using the “Other” section.

4. Check the box if you’re requesting standard business checks
5. Provide original signatures, printed name, and authorization to make electronic transfers and/or sign checks. PLEASE ALWAYS list ALL authorized signers for any new and/or change of information applications as this acts as the current signature card for each account.
6. List any comments here – special instructions such as 2 signers required, etc.
7. Terms and conditions notice
8. Provide a signature and position/title. This covers the “Privacy Act Notice” listed at the bottom. Illinois Funds CAN’T process any new or change of information application without this signature/title
9. For questions on completing an application please contact The Illinois Funds at 1-800-346-7414.

MONEY MARKET FUND

The ILLINOIS Funds

Mail to: State Treasurer Michael W. Frerichs
The Illinois Funds
400 W Monroe, Suite 401
Springfield, IL 62704

APPLICATION AND AGREEMENT TO PARTICIPATE IN THE ILLINOIS FUNDS, MONEY MARKET FUND

☐ New Account Application ☐ Change of Information Account # _____ Date _____

The Public Agency listed below, ("Participant"), seeks to participate in the Money Market Fund within The Illinois Funds, established pursuant to Section 17 of the State Treasurer Act (15 ILCS 505/17), which authorizes the Treasurer to establish a Public Treasurers' Investment Pool.

1. _____
(Name of Public Agency) (FEIN/TIN Number) _____
Is this a Bond Proceeds Account? ☐ Yes ☐ No

(Subtitle of Account)

(Contact Person/Title)

(Street Address) (City) (County) (Zip Code)

(Telephone Number) (FAX Number) (Email)

2. Electronic withdrawal(s) from the Fund shall be transferred to: (If more than 1 path, submit separate sheet).

Bank Name: _____ For credit to account # _____
ABA (Routing) # _____ Attention: _____

3. **RAPID REVENUE PROGRAM:** Participant hereby requests Direct Deposit of the following State of Illinois distributive funds:

Dept. of Revenue:	<input type="checkbox"/> Income Tax	Illinois Student Assistance Commission:	<input type="checkbox"/> _____
	<input type="checkbox"/> Sales Tax	Secretary of State:	<input type="checkbox"/> Library/Library Systems
	<input type="checkbox"/> Personal Property Tax	Dept. of Public Aid:	<input type="checkbox"/> _____
	<input type="checkbox"/> Gaming Funds	Imprest Funds:	<input type="checkbox"/> _____
Dept. of Transportation:		State Universities:	<input type="checkbox"/> _____
	<input type="checkbox"/> Motor Fuel Tax	Dept. of Veterans' Affairs:	<input type="checkbox"/> _____
Dept. of Aging:		Other:	<input type="checkbox"/> _____
	<input type="checkbox"/> AAA Payment	Other:	<input type="checkbox"/> _____
State Board of Education:		Other:	<input type="checkbox"/> _____
	<input type="checkbox"/> All School Payment		
Illinois Community College Board:			
	<input type="checkbox"/> Funds		

4. Request standard business checks: ☐

5. The following person(s) is (are) authorized to execute transfers and/or sign checks, as indicated: (if more than five, submit separate sheet)

Authorized Signature	Printed Name	Electronic Transfer	Sign Checks
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Comments: _____

7. Participant accepts the terms and conditions of the administration of The Illinois Funds as outlined by the State Treasurer with the understanding that there will be no changes to this agreement and the information contained herein without prior written notice.

8. The undersigned certifies that he/she has been authorized by Participant's governing body or by statutory authority to execute this Application and Agreement on behalf of the Participant.

Signature: _____ Position/Title: _____

Privacy Act Notice: You previously provided your Taxpayer Identification Number (TIN), i.e. your Federal employer identification number (FEIN), to the State of Illinois upon becoming a State of Illinois payee. Section 6109 of the Internal Revenue Code requires you to give your TIN to persons, such as the State of Illinois, who must file information returns with the IRS to report interest, dividends, and certain other income paid to you. The Illinois State Treasurer's Office, as administrator of The Illinois Funds Direct Deposit program, requests verification of your TIN on the Application for Direct Deposit of Payments. Your TIN verification enables proper payee identification and corresponding direction of payments as specified on your completed Application for Direct Deposit of Payments. While not mandatory, failure to provide your TIN on the Application precludes your participation in The Illinois Funds Direct Deposit program.